



PTO/SB/06 (08-00)  
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# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

QUA026PA/App. No. 10/010,789

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	24 minus 20 = *	4
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
	\$
x \$	= 0
x	= 0
+	=
TOTAL	0

OR

OR

OR

OR

OR

OR

RATE	FEE
	\$ 740
x \$ 18	= 72
x 84	= 84
+	=
TOTAL	896

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 24	Minus ** 24	= 0
	Independent (37 CFR 1.16(b))	* 4	Minus *** 4	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI-TIONAL FEE
x \$	= 0
x	= 0
+	=
TOTAL	0

OR

OR

OR

OR

OR

OR

RATE	ADDI-TIONAL FEE
x \$	= 0
x	= 0
+	=
TOTAL	0

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus **	=
	Independent (37 CFR 1.16(b))	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

OR

OR

OR

OR

OR

OR

RATE	ADDI-TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus **	=
	Independent (37 CFR 1.16(b))	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

OR

OR

OR

OR

OR

OR

RATE	ADDI-TIONAL FEE
x \$	=
x	=
+	=
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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